

DECLARATION, POWER OF ATTORNEY AND PETITION

I (We), the undersigned inventor(s), hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I (We) believe that I am (we are) the original, first, and joint (sole) inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled

Tyrosinase activity inhibitor and ameliorant for facial
blood flow

the specification of which

☐ is attached hereto.

☐ was filed on _____ as

Application Serial No. _____

and amended on _____.

☒ was filed as PCT international application

Number PCT/JP2004/015470

on October 20, 2004

and was amended under PCT Article 19

on _____ (if applicable).

I (We) hereby state that I (We) have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above; that I (We) do not know and do not believe that this invention was ever known or used before my invention or discovery thereof, or patented or described in any printed publication in any country before my invention or discovery thereof, or more than one year prior to this application, or in public use or on sale in the United States for more than one year prior to this application; that this invention or discovery has not been patented or made the subject of an inventor's certificate in any country foreign to the United States on an application filed by me or my legal representatives or assigns more than twelve months before this application.

I (We) acknowledge the duty to disclose information known to be material to the patentability of this application as defined in Section 1.56 of Title 37 Code of Federal Regulations.

Application No.	Country	Filing date	Priority claimed
<u>2003-371080</u>	<u>Japan</u>	<u>October 30, 2003</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby claim the benefit under Section 119(e) of Title 35 United States Code, of any United States application(s) listed below.

(Application Number)	(Filing Date)
(Application Number)	(Filing Date)

I (We) hereby claim the benefit under Section 120 of Title 35 United States Code, of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Section 112 of Title 35 United States Code, I (We) acknowledge the duty to disclose material information as defined in Section 1.56(a) of Title 37 Code of Federal Regulations, which occurred between the filing date of the prior application and national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status (pending, patented, abandoned)

And I (We) hereby appoint: POSZ LAW GROUP, PLC, CUSTOMER NUMBER 23400

I(We) hereby request that all correspondence regarding this application be sent to the firm of POSZ LAW GROUP, PLC whose Post office address is: 12040 South Lakes Drive, Suite 101, Reston, Virginia 20191 U.S.A.

I (We) declare further that all statements made herein of my (our) knowledge are true and that all statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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NAME OF FIRST INVENTOR

Residence: Saitama, Japan



Signature of Inventor

Citizen of: Japan

Post Office Address: _____

20.02.2006

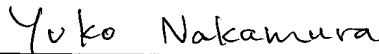
Date

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Signature of Inventor

Date

Residence: _____

Citizen of: _____

Post Office Address: _____